# 2018 - 2019 Aggregate Verification Worksheet Independent Student

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information	Α.
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Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (i	nclude apt. no.)	Student's Date of Birth	
City	State Zip Code		Student's Email Address
Student's Home Phone Nu	mber (include area code)	Student's Alternate or Cell Phone Number	

#### **B.** Independent Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Include the name of the college for any household member who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018, and June 30, 2019. *If more space is needed, attach a separate page with your name and Social Security Number at the top.* 

Full Name	Age	Relationship	College	Will be Enrolled at
				Least Half Time
Marty Jones(example)	28	Wife	Central University	Yes
		Self		

Student's Name:	SSN:	
C. Independent Student's Income Information to Be	Verified	
1. TAX RETURN FILERS— <b>Important Note:</b> If you (or your spouse, if contact your financial aid administrator before completing this section.		016 IRS tax return, you must
<b>Instructions</b> : Complete this section if you, the student, <u>filed or will fil</u>	e a 2016 income tax return wi	th the IRS.
If you filed taxes, check ONE box that applies:		
I, the student, <u>have used</u> the IRS Data Retrieval Tool in FAFSA of 2016 IRS income information into my FAFSA, either on the initial		
I, the student, (and, if married, my spouse) have attached my 2016 acceptable documentation.	IRS Tax Transcript to this wo	orksheet. A tax return is no
2. TAX RETURN NONFILERS—Complete this section if you, the stude required to file a 2016 income tax return with the IRS.	ent (and, if married, your spou	se), will not file and are not
If you did not file taxes, check ONE box that applies:		
The student (and, if married, the student's spouse) was not employ	ved and had no income earned	from work in 2016.
The student (and/or the student's spouse if married) was employed the amount earned from each employer in 2016, and whether an II forms issued to you (and, if married, to your spouse) by employers IRS W-2 form. If more space is needed, attach a separate page with	RS W-2 form is attached. Attacs. List every employer even if t	ch copies of all 2016 W-2 the employer did not issue at
Employer's Name	2016 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00	Yes

Student's Name:		SSN:	
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#### D. High School Completion Status

homeschool setting.

Provide one of the following documents indicating your high school completion status when you will begin college in 2018–2019:

I have attached the following:	
☐ A copy of the student's high school diploma.	
$\Box$ A copy of the student's final official high school transcript that shows the date when the diploma was awarded.	
$\ \square$ A copy of the student's General Educational Development (GED) certificate or GED transcript.	
☐ An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.	
☐ If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.	

☐ If State law does not require a homeschooled student to obtain a secondary school completion

credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a

Note: If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.

#### E. Identity and Statement of Educational Purpose

The student must appear in person at <u>The Sage Colleges (Albany or Troy campus)</u> to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

#### **Statement of Educational Purpose**

I certify that I(Print Studentia Name)	am the individual signing this
(Print Student's Name) Statement of Educational Purpose and that the fede will only be used for educational purposes and to page	eral student financial assistance I may receive ay the cost of attending The Sage Colleges for 2018-2019
STUDENT SIGNATURE	DATE STUDENT ID NUMBER
SIGNATURE of AUTHORIZED SAGE OFFICIAL	DATE
Sage Employee check which document is copied forDriver's LicenseNon-Driving State	
Note: If other, contact Financial Aid Office to verify its acc	ceptability
A. Certification and Signature (MUST be signed	by student)
I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.	moment on the moment of you may be mode, be
Student's Signature	Date
Spouse's Signature	 Date

Return completed form to: The Sage Colleges, Attn: Financial Aid Office,65 First Street, Troy, NY 12180 STOP: DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM? WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS

FORM, PLEASE CALL: TROY (518) 244-4525 OR ALBANY (518) 292-1783 V5-I

## STOP! Complete this page ONLY if student <u>did not</u> complete Section F on page 4 of the verification worksheet.

### Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at The Sage Colleges to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Education	nal Purpose	
I certify that I(Print Student	's Nama)	the individual signing this Statement of Educationa
Purpose and that the feder		e I may receive will only be used for educational lleges for 2018-2019.
STUDENT SIGNATURE		DATE
STUDENT ID NUMBER		
Notary's Certificate of	Acknowledgement	
State of		
		,
(Date)	(Notary's	name)
personally appeared,		, and provided to me igner)
	(Printed name of s	igner)
on basis of satisfactory ev	idence of identification	
•		e of government-issued photo ID provided)
to be the above-named per	rson who signed the foregoin	g instrument.
WITNESS my hand and o	fficial seal	
(seal)	_	
	(N	lotary signature)
Marananiai		
My commission expires of	(Date)	<del></del>
	(Date)	